



CENTRAL DISTRIBUTOR

HEALTHCARE COST AND UTILIZATION PROJECT

Contents

This package contains information on the Healthcare Cost and Utilization Project (HCUP, pronounced “H-Cup”) Central Distributor. The package provides details about the databases available through the HCUP Central Distributor and includes an application for these databases.

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DESCRIPTION OF HEALTHCARE COST AND UTILIZATION PROJECT (HCUP)

A Federal-State-Industry Partnership in Health Data

The Healthcare Cost and Utilization Project includes three sets of databases for health services research, which currently provide 10 years of data for 1988-97. These database releases are made possible through a Federal-State-Industry partnership to build a multi-State health care data system. This partnership is sponsored by the Agency for Healthcare Research and Quality (AHRQ). The HCUP databases are managed by the Center for Organization and Delivery Studies.

All of the databases contain patient-level information for either inpatient or ambulatory surgery stays in a uniform format while protecting patient privacy. The Nationwide Inpatient Sample (NIS) includes inpatient data from a nationwide sample of about 900 hospitals. The State Inpatient Databases (SID) cover inpatient care in 22 States and represent more than half of all U.S. hospital discharges. The State Ambulatory Surgery Databases (SASD) cover ambulatory surgery care in 9 states.

HCUP's objectives are to: (1) obtain data from statewide information sources, (2) design and develop a multi-State health care database for health services research and health policy analysis, and (3) make these data available to a broad set of public and private users.

The uniform data in HCUP make possible comparative studies of health care services and the use and cost of hospital care, including the effects of market forces on hospitals and the care they provide, variations in medical practice, the effectiveness of medical technology and treatments, and use of services by special populations.

Many of the Data Organizations participating in the HCUP SID and SASD have agreed to release their state-specific files through a Central Distributor under the auspices of the AHRQ. The individual state databases are in the same HCUP uniform format. In general, they represent 100% of records processed by AHRQ. However, the participating Data Organizations control the release of specific data elements. AHRQ is currently assisting the Data Organizations in the release of the 1995-1997 SID and the 1997 SASD.

AHRQ also releases the Nationwide Inpatient Sample (NIS). The NIS is available on CD-ROM from the National Technical Information Service (NTIS). For more information on the NIS and other HCUP-related products, please visit the AHRQ Web site at the following URL: <http://www.AHRQ.gov>. Under the 'Data' heading, click the HCUP icon.

DESCRIPTION OF STATE INPATIENT DATABASES (SID) AVAILABLE

Overview

The Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID) consist of individual data files from Data Organizations in 22 participating States. In general, the SID contain the universe of that state's hospital inpatient discharge records. They are composed of annual, state-specific files that share a common structure and common data elements. Most data elements are coded in a uniform format across all states. In addition to the core set of uniform data elements, the SID include state-specific data elements or data elements available only for a limited number of states. The uniform format of the SID helps facilitate cross-state comparisons. In addition, the SID are well suited for research that requires complete enumeration of hospitals and discharges within market areas or states.

How the HCUP SID Differ from Data Files Available from the State Data Organizations

The SID available through the HCUP Central Distributor differs from the data files available from the Data Organizations in the following ways:

- data elements available on the files, and
- coding of data elements.

Because the Data Organizations dictate which data elements may be released through the HCUP Central Distributor, the data elements on the SID are a subset of the data collected by the corresponding Data Organizations. HCUP uniform coding is used on most data elements on the SID. A few state-specific data elements retain the original values provided by the respective Data Organizations.

Types of Hospitals Included

The hospitals included in the SID depend on the information provided by the Data Organizations. Most state government data organizations provide information on all acute care hospitals in the respective state. Private data organizations are often restricted to member hospitals and may not provide information on all hospitals in their state.

Identifying Hospitals

Up to three hospital identifiers are on the SID.

- The HCUP-specific hospital identifier (HOSPID) is always included on the SID and is available for community hospitals as defined by the American Hospital Association (AHA) Annual Survey of Hospitals. The AHA Annual Survey definition of a community hospital includes nonfederal short-term hospitals whose facilities are available to the public. Short-term hospitals are defined as hospitals with an average length of stay less than 30 days. Both general and specialty hospitals (e.g., obstetrics and gynecology, rehabilitation, orthopedics, and eye, ear, nose and throat) are included. HOSPID is available for non-community hospitals if information on the hospital is available through the AHA.
- Some Data Organizations allow the AHA hospital identifier (AHAID) to be included on the SID. This

variable enables the SID to be linked to the AHA Annual Surveys of Hospitals which contain information on hospital characteristics. Similar to the HCUP-specific hospital identifier, the AHA hospital identifier is coded on community hospitals and sometimes coded on non-community hospitals.

- Some Data Organizations allow the original hospital identifier they collect (DSHOSPID) to be included on the SID. If available on the SID, this identifier is coded for all hospitals and may distinguish different units within a hospital.

Not all Data Organizations permit all three hospital identifiers on the SID. The availability of data elements differs by Data Organization. The following descriptions of the HCUP SID are provided:

- SID File Overviews (page 3)
- SID Hospitals and Record Counts (page 5)
- Descriptions of the HCUP SID data elements (page 6)
- Availability of HCUP SID data elements by state (page 6)

SID File Overviews

This section lists all states releasing their SID through the HCUP Central Distributor and provides details about the source of data provided for HCUP. Data elements that are mentioned may not be available through the HCUP Central Distributor. The Data Organizations for each respective state dictate which data elements may be released through the HCUP Central Distributor.

Arizona

The Arizona SID files were constructed from the Arizona Hospital Inpatient Database from the Cost Reporting and Review Section of the Arizona Department of Health Services. Arizona supplied discharge abstract data for inpatient stays in all acute care and rehabilitation hospitals with more than 50 beds.

California

The California SID files were constructed from the confidential files received from the Office of Statewide Health Planning and Development (OSHPD). California supplied discharge abstract data for inpatient stays in general acute care hospitals, acute psychiatric hospitals, chemical dependency recovery hospitals, psychiatric health facilities, and state-operated hospitals. California excluded inpatient stays that, after processing by OSHPD, did not contain a complete and "in-range" admission date or discharge date. California also excluded inpatient stays that had an unknown or missing date of birth.

Colorado

The Colorado SID files were constructed from the Discharge Data Program (DDP) files. The Colorado Health and Hospital Association supplied discharge abstract data from all Colorado acute care hospitals, including swing beds and distinct part units.

Florida

The Florida SID files were constructed from the Florida Hospital Discharge Data Confidential Information received from the Florida Agency for Health Care Administration. The Florida confidential inpatient files consist of discharge abstract data from all non-federal Florida hospitals.

Iowa

The Iowa SID files were constructed from the Association of Iowa Hospitals and Health Systems Statewide Database. Iowa supplied discharge abstract data and some uniform bills for acute inpatient discharges from member hospitals.

Maryland

The Maryland SID files were constructed from the confidential files received from the State of Maryland's Health Services Cost Review Commission (HSCRC). Demographic and utilization data for inpatient stays in all Maryland acute care hospitals were supplied by HSCRC in the Uniform Hospital Discharge Abstract Data Set.

Massachusetts

The Massachusetts SID files were constructed from the Massachusetts confidential Case Mix Database files received from the Massachusetts Division of Health Care Finance and Policy. Massachusetts supplied discharge abstract data for inpatient stays from all general acute care hospitals in Massachusetts.

New Jersey

The New Jersey SID files were received from the New Jersey Department of Health and Senior Services. The New Jersey files consist of discharge abstract data for all inpatient and same-day stays. New Jersey supplied discharge abstract data for inpatient stays from all New Jersey hospitals. Ambulatory surgery records, which were also included in the original files, were excluded from the HCUP inpatient files.

New York

The New York SID files were constructed from the New York State Department of Health's Statewide Planning and Research Cooperative System (SPARCS) Master File. The New York files contain inpatient discharges from all hospitals in the state, excluding long-term care units of short-term hospitals and Federal hospitals.

Oregon

The 1995 Oregon SID files were constructed from the Office for Oregon Health Plan Policy and Research discharge files. Beginning in 1996, the HCUP Oregon SID files were constructed from discharge files supplied by the Oregon Association of Hospitals and Health Systems. The Oregon files consist of discharge abstract data for inpatient stays from member hospitals.

South Carolina

The South Carolina SID files were constructed from confidential data files supplied by the South Carolina State Budget and Control Board. The data include inpatient stays from all South Carolina acute care hospitals.

Utah

The Utah SID files were constructed from inpatient files received from Office of Health Care Statistics, Utah Department of Health. These data include inpatient discharge data from Utah general acute care and some specialty facilities (e.g., children's hospitals, rehabilitation hospitals, state psychiatric facilities, etc.) associated with acute care hospitals.

Washington

The Washington SID files were constructed from the Washington Comprehensive Hospital Abstract Reporting System (CHARS) received from the Washington State Department of Health. Washington supplied uniform bills for inpatient stays from all acute care units, alcohol dependency units, bone marrow transplant units, extended care units, psychiatric units, rehabilitation units, group health units, and swing bed units.

Wisconsin

The Wisconsin SID files were constructed from confidential inpatient files received from the Bureau of Health Information, Wisconsin Department of Health and Family Services. Wisconsin supplied discharge data abstract and uniform bills for all non-federal Wisconsin hospitals.

SID Hospitals and Record Counts

The following table lists the number of discharges in the HCUP SID for 1995-1997. The table also includes:

- The number of community hospitals in the 1997 SID.
- The number of non-community hospitals in the 1997 SID.
- The number of community hospitals not in the 1997 SID. The only reason a hospital is not included in the SID is if the Data Organization did not supply the necessary data.

Information contained in the 1997 AHA Annual Survey of Hospitals was used to determine if a hospital was a community hospital. For the definition of a community hospital, refer to page 2.

The SID may include other hospitals that could not be categorized as community or non-community hospitals because these hospitals could not be matched with AHA information. This occurs when a hospital closed in a previous year or when the hospital does not report to the AHA.

State	Number of Discharges in the SID By Year ¹			Number of Hospitals In 1997		
	1995	1996	1997	Community Hospitals in the SID	Non-Community Hospitals in the SID	Community Hospitals <u>Not</u> Included in the SID
AZ	476,833	493,005	516,064	62	2	2
CA	3,629,322	3,632,167	3,685,706	411	42	4
CO	387,772	392,379	402,615	66	3	1
FL	1,899,586	1,931,135	2,004,247	198	32	12
IA	358,667	357,099	355,502	115	2	0
MA	775,216	759,869	763,363	73	1	11
MD	625,037	620,796	610,343	51	1	0
NJ	1,079,678	1,070,992	1,070,524	78	0	7
NY	2,530,206	2,469,668	2,432,632	222	4	3
OR	350,263	369,814	376,069	59	2	2
SC	440,315	446,156	461,308	60	0	5
UT	Not Available	Not Available	225,487	40	7	1
WA	523,711	523,672	536,739	88	3	1
WI	622,933	614,102	610,962	124	16	0

SID Data Element Descriptions and Availability by State

The following table (page 7) describes the HCUP SID data elements. Not all HCUP SID data elements are available from all Data Organizations. The availability columns refer to the states using the state postal code (e.g., CA for California, CO for Colorado, etc.). Cells marked with an "x" indicate that the data element is available for that state. Blank cells indicate that the data element is not available for that state. More detailed descriptions and coding information of the HCUP SID data elements accompany the purchase of the data files.

In some cases, multiple data elements of the same type are available (e.g., principal and secondary diagnoses). The small "n" in the data element name (e.g., DXn) indicates that there is more than one data element of that type. The number of data elements available is specified in the state-specific cell. For example, the cell for diagnoses (i.e., DXn) identifies the number of available diagnoses. CA has 30 diagnoses: 1 principal diagnosis and 29 secondary diagnoses. Not all diagnoses are coded on all records.

¹ Includes all discharges in the HCUP SID, including non-community hospitals where applicable.

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
ADATE	Admission Date. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization.	x		x		x	x			x	x		x	x	x	
ADAYWK	Admission Day of Week.	x	x	x		x	x	x	x	x	x	x	x	x	x	
	ValueDescription															
	1Sunday															
	2Monday															
	3Tuesday															
	4Wednesday															
	5Thursday															
	6Friday															
7Saturday																
ADRG	All Patient Refined DRG. Preserved as provided by the Data Organization.		x										x			
ADRGSEV	All Patient Refined DRG Severity Level. The complexity subclass associated with the data element ADRG. Values range from 1 (minor) to 4 (extreme). Preserved as provided by the Data Organization.		x										x			
AGE	Age in Years at Admission. Calculated as the difference between the admission date and date of birth before these dates are masked.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
AGEDAY	Age in Days at Admission. Only coded when patient is less than one year old. Calculated as the difference between the admission date and date of birth before these dates are masked.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
AHAID	AHA Hospital Identification Number. This 7-digit number is assigned by the American Hospital Association (AHA) and included on their AHA Annual Survey of Hospitals. AHAID is coded on all community and some non-community hospitals. For the definition of a community hospital, refer to page 2.	x	x	x	x	x	x	x	x	x	x		x	x	x	
AMDC	All Patient Refined MDC. Preserved as provided by the Data Organization.		1997 Only													
AMONTH	Admission Month. Values ranges from 1 to 12.	x	x	x		x	x		x	x	x	x	x	x	x	
ASCHED	Scheduled vs. Unscheduled Admission. <div><div>Value</div><div>Description</div><div>0</div><div>Unscheduled Admit</div><div>1</div><div>Scheduled Admit</div></div>		1997 Only													
ASOURCE	Admission Source. <div><div>Value</div><div>Description</div><div>1</div><div>Emergency Department</div><div>2</div><div>Another Hospital</div><div>3</div><div>Other Health Facility including Long Term Care Facilities</div><div>4</div><div>Court/Law Enforcement</div><div>5</div><div>Routine, Birth and Other</div></div>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
ATYPE	Admission Type.	x		x	x	x	x	x	x	x	x	x	x	x	x	
	<u>Value</u> <u>Description</u>															
	1 Emergency															
	2 Urgent															
	3 Elective															
	4 Newborn															
	5 Delivery															
6 Other																
BWT	Birth Weight. BWT is coded in grams.	x		x			1997 Only	x	x	x						
CHGn	Charge Detail. The number and definitions of the detailed charges are determined by the Data Organization.	63		5	24	1	81 in 1995 and 1996 88 in 1997	31	35	25	10	52 in 1995 78 in 1996 and 1997	2	40		
DCCHPRn	The Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR), was developed by AHRQ for ICD-9-CM diagnoses. A classification code (DCCHPRn) is assigned during HCUP processing for each diagnosis (DXn). Values range from 1-260.	11	30	15	10	10	10	16	10	17	10	10	10	10	10	
DDATE	Discharge Date. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization.	x		x		x	x			x	x		x		x	

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
DIED	Died During Hospitalization. This data element was created during HCUP processing using the disposition of the patient at discharge (DISP).	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
	<u>Value</u> <u>Description</u>															
	0 Did not die															
	1 Died															
DISP	Disposition of Patient at Discharge.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
	<u>Value</u> <u>Description</u>															
	1 Routine															
	2 Short-term Hospital															
	3 Skilled Nursing Facility															
	4 Intermediate Care Facility															
	5 Another Type of Facility															
	6 Home Health Care															
	7 Against Medical Advice															
20 Died																
DOB	Date of Birth. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization.	x				x				x	x		x		x	

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
DQTR	Discharge Quarter. Derived from discharge date (DDATE).	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
	Value Description															
	1 First Quarter (Jan. - Mar.)															
	2 Second Quarter (Apr. - June)															
	3 Third Quarter (July - Sep.)															
	4 Fourth Quarter (Oct. - Dec.)															
	0 Missing or Invalid															
DRG	Diagnosis Related Group (DRG). DRG is appropriate for the date of discharge and is assigned by the Health Care Finance Administration (HCFA) DRG Grouper algorithm during HCUP processing. The applicable DRG version is available in the data element DRGVER.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
DRG10	Diagnosis Related Group (DRG), Version 10. During HCUP processing, diagnosis and procedure codes are first translated into codes that are in effect during fiscal year 1992, and then Version 10 of the HCFA DRG Grouper algorithm is applied.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
DRGVER	DRG Grouper Version in Use on Discharge Date.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
	Value Description															
	12 12th revision, effective 10/1/94 to 9/30/95															
	13 13th revision, effective 10/1/95 to 9/30/96															
	14 14th revision, effective 10/1/96 to 9/30/97															
	15 15th revision, effective 10/1/97 to 9/30/98															
DSHOSPID	Hospital Identifier Provided by the Data Organization.	x	x	x	x	x	x	x	x	x	x		x	x	x	

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
DSNDX	Total Number of Diagnosis Fields Provided by the Data Organization. For example, DSNDX may equal 10 because the Data Organization provides for a principal and 9 secondary diagnoses. However, the number of diagnoses coded on the discharge will vary from 0 to 10.	x	X	x	x	x	x	x	x	x	x	x	x	x	x	
DSNPR	Total Number of Procedure Fields provided by the Data Organization. For example, DSNPR may equal 10 because the Data Organization provides for a principal and 9 secondary procedures. However, the number of procedures coded on the discharge will vary from 0 to 10.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
DSNUM	Data Source Number. This is an HCUP-assigned data source identification number.	x	x	x		x	x	x	x	x	x	x	x	x	x	
DSTYPE	Data Source Type. <div><div>Value</div><div>Description</div><div>1State Data Organization</div><div>2Hospital Association</div><div>3Consortia</div><div>9Other</div></div>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
DXn	Diagnoses Codes. DX1 is the principal diagnosis. DX2, DX3, etc. contain the secondary diagnoses. The number of diagnoses vary by Data Organization.	11	30	15	10	10	10	16	10	17	10	10	10	10	10	
DXSYS	Diagnosis Coding System. All diagnoses are ICD-9-CM codes.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
DXVn	Diagnosis Validity Flags. Validity flags identify invalid or inconsistent diagnosis in the data elements DXn. There is one validity flag for each diagnosis. DXV1 refers to the principal diagnosis (DX1), DXV2 refers to the first secondary diagnosis (DX2), etc. <div><div>Value</div><div>Description</div><div>0</div><div>Valid and consistent diagnosis code</div><div>1</div><div>Invalid code for discharge date</div><div>.C</div><div>Diagnosis inconsistent with age or sex of patient</div></div>	11	30	15	10	10	10	16	10	17	10	10	10	10	10	10
HOSPID	HCUP-defined Hospital Number. HOSPID is coded on all community and some non-community hospitals. For the definition of a community hospital, refer to page 2.	x	x	x	x	x	x	x	x	x	x		x	x	x	
HOSPST	Hospital State Postal Code. Two-digit character (e.g., "CA")	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
HOSPSTCO	Hospital State and County Code. Five-digit state and county modified FIPS code listed for that hospital in the American Hospital Association Annual Survey of Hospitals. HOSPSTCO is coded on all community and some non-community hospitals. For the definition of a community hospital, refer to page 2.	x	x	x	x	x	x	x	x	x	x		x	x	x	
IDNUMBER	HCUP-modified AHA Hospital Identification Number. This 6-digit number is identical to the AHA hospital identification number (AHAID) except that the leading "6" has been removed. The AHA hospital identifier is assigned by the AHA and included on their AHA Annual Survey of Hospitals. AHAID is coded on all community and some non-community hospitals. For the definition of a community hospital, refer to page 2.	x	x	x	x	x	x	x	x	x	x		x	x	x	

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
LOS	Cleaned Length of Stay. Calculated as the difference between the admission and discharge dates before these dates are masked. Same day stays are coded as 0. Inconsistent values (negative or unjustifiably long) have been set to inconsistent (.C) by edit checks during HCUP processing.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
LOS_X	Uncleaned Length of Stay. Calculated as the difference between the admission and discharge dates before these dates are masked. Same day stays are coded as 0. No modifications to the value of LOS_X have been made.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
MDC	Major Diagnostic Category (MDC). MDC is appropriate for the date of discharge and is assigned by the Health Care Finance Administration (HCFA) DRG Grouper algorithm during HCUP processing. The applicable DRG version is available in DRGVER.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
MDC10	Major Diagnostic Category (MDC), Version 10. During HCUP processing, diagnosis and procedure codes are first translated into codes that are in effect during fiscal year 1992, and then Version 10 of the HCFA DRG Grouper algorithm is applied.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
MDID_S	Synthetic Attending Physician Number. Version of the identification number that is encrypted during HCUP processing.	x		x	x	x		x	x	x				x		
MDSPEC	Attending Physician Specialty. Preserved as provided by the Data Organization. Coding varies by Data Organization.								x			x				
MRN_S	Synthetic Medical Record Number. Version of the identification number that is encrypted during HCUP processing.			x		x		x	x			x			x	
NDX	Number of Non-missing Diagnoses Coded on this Discharge.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
NEOMAT	Neonatal/Maternal Flag. Assigned based on diagnosis and procedure codes during HCUP processing.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
	<u>Value</u> <u>Description</u>															
	0 No neonatal or maternal diagnoses or procedures															
	1 Maternal diagnosis or procedure present on discharge															
	2 Neonatal diagnosis or procedure present on discharge															
	3 Both neonatal and maternal diagnoses or procedures present on the same discharge															
NPR	Number of Non-missing Procedures Coded on this Discharge.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
PAY1	Expected Primary Payer, Uniform. State-specific coding of payers collapsed into general payer types.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
	<u>Value</u> <u>Description</u>															
	1 Medicare															
	2 Medicaid															
	3 Private Insurance including HMO															
	4 Self-pay															
	5 No charge															
6 Other																

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
PAY1_N	Expected Primary Payer, Nonuniform. State-specific coding of payers collapsed into more detailed payer types.	x	x	x	x	x	x	x	x	x	x		x	x	x	
	<u>Value</u> <u>Description</u>															
	1 Medicare															
	2 Medicaid															
	3 Blue Cross, Blue Cross PPO															
	4 Commercial, PPO															
	5 Alternative Delivery Systems (HMO, PHP, etc.)															
	6 Self-pay															
	7 No charge															
	8 Title V															
	9 Worker's Compensation															
	10 CHAMPUS or CHAMPVA															
	11 Other Government															
12 Other																
PAY1_X	Expected Primary Payer. Preserved as provided by the Data Organization.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
PAY2	Expected Secondary Payer, Uniform. State-specific coding of payers collapsed into general payer types.						x	x	x	x	x	x	x	x	x	
	<u>Value</u> <u>Description</u>															
	1 Medicare															
	2 Medicaid															
	3 Private Insurance including HMO															
	4 Self-pay															
	5 No charge															
6 Other																
PAY2_N	Expected Secondary Payer, Nonuniform. State-specific coding of payers collapsed into more detailed payer types.						x	x	x	x	x		x	x	x	
	<u>Value</u> <u>Description</u>															
	1 Medicare															
	2 Medicaid															
	3 Blue Cross, Blue Cross PPO															
	4 Commercial, PPO															
	5 Alternative Delivery Systems (HMO, PHP, etc.)															
	6 Self-pay															
	7 No charge															
	8 Title V															
	9 Worker's Compensation															
	10 CHAMPUS or CHAMPVA															
	11 Other Government															
12 Other																
PAY2_X	Expected Secondary Payer. Preserved as provided by the Data Organization.						x	x	x	x	x	x	x	x	x	

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
PAY3_X	Expected Tertiary Payer. Preserved as provided by the Data Organization.								x	1997 Only	x		x			
PCCHPRn	The Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR) was developed by AHRQ for ICD-9-CM procedures. A classification code (PCCHPRn) is assigned during HCUP processing for each procedure (PRn). Values range from 1 to 231.	6	21	15	10	6	10	15	8	15	6	10	6	6	6	
PNUM_S	Synthetic Person Number. Version of the identification number that is encrypted during HCUP processing. PNUM_S is specific to a patient so that multiple admissions by the same patient can be linked within and across institutions.	x	x											x		
PRn	Procedure Codes. PR1 is the principal procedure. PR2, PR3, etc. contain the secondary procedures. The number of procedures vary by Data Organization.	6	21	15	10	6	10	15	8	15	6	10	6	6	6	
PRDATEn	Date of Principal Procedure. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization.	1		1		6	3				6					
PRDAYn	Day of Principal Procedure. Calculated as the difference between the admission date and date of procedure before these dates are masked. A value of 0 reflects the day of admission. A negative numeric value reflects days prior to admission.	1	21	1	1	6	3	11	8	15	6	10			1	
PROCESS	Processing Number. Unique record identifier coded as YYSSnnnnnnn, where YY is the discharge year, SS is the state FIPS code, and nnnnnnn is a 7-digit sequence number.	x	x	x		x	x	x	x	x	x	x	x	x	x	

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
PRSYS	Procedure Coding System. <u>Value</u> <u>Description</u> 1 ICD-9-CM 2 CPT-4 3 HCPCS/CPT-4 Almost all discharges have ICD-9-CM procedure codes (PRSYS=1).	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
PRVn	Procedure Validity Flags. Validity flags identify invalid or inconsistent procedures in the data elements PRn. There is one validity flag for each procedure. PRV1 refers to the principal procedure (PR1), PRV2 refers to the first secondary procedure (PR2), etc. <u>Value</u> <u>Description</u> 0 Valid and consistent procedure code 1 Invalid code for discharge date .C Procedure inconsistent with age or sex of patient	6	21	15	10	6	10	15	8	15	6	10	6	6	6	
PSTCO	Patient State/Country Code. Preserved as provided by the Data Organization. Not derived from zip codes.			x		x			x	x		x				
RACE	Race. Indicates race and ethnicity in one data element. <u>Value</u> <u>Description</u> 1 White 2 Black 3 Hispanic 4 Asian or Pacific Islander 5 Native American 6 Other	x	x	x	x	x	x	x	x	x		x			x	

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
RATEn	Daily Rate Charges. The number and definition of the rate data elements are determined by the Data Organization.									5						
RDRG	Refined DRG. RDRGs were developed at Yale University, assigned by the Data Organization, and preserved as provided.										1997 Only			x		
RDRGWT	Refined DRG Weight. The weight associated with the data element RDRG. Preserved as provided by the Data Organization.													x		
READMIT	Readmission Flag. The definition of readmission varies by Data Organization. <div><div>Value</div><div>Description</div><div>0</div><div>Not a readmission</div><div>1</div><div>Readmission</div></div>								x							
REVCdn	Revenue Codes. The number and definition of the revenue code data elements are determined by the Data Organization.									25				40		
SEQ_SID	SID Sequence Number. A unique number assigned to each discharge.	x	x	x	x	x	x	x	x	x	x		x	x	x	
SEX	Sex of the Patient. <div><div>Value</div><div>Description</div><div>1</div><div>Male</div><div>2</div><div>Female</div></div>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
SURGID_S	Synthetic Primary Surgeon Number. Version of the identification number that is encrypted during HCUP processing.	x		x	x	x		x	x	x				x		

SID Data Elements																
Data Element Name	Description	Availability by State														
		AZ	CA	CO	FL	IA	MA	MD	NJ	NY	OR	SC	UT	WA	WI	
TMDXn	Time of Onset for each Diagnosis. Preserved as provided by the Data Organization. TMDX1 refers to the principal diagnosis (DX1), TMDX2 refers to the first secondary diagnosis (DX2), etc. <div><div>Value</div><div>Description</div></div> <div>0</div> Diagnosis not present at admission <div>1</div> Diagnosis present at admission		25 in 1997 Only							15						
TOTCHG	Cleaned Total Charges. Inconsistent values (negative or unjustifiably high or low) have been set to inconsistent (.C) by edit checks during HCUP processing.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
TOTCHG_X	Uncleaned Total Charges. Preserved as provided by the Data Organization.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
UNITn	Units of Service. The number and definition of the unit data elements are determined by the Data Organization.						81 in 1995 and 1996 88 in 1997		35	5		11 in 1995 19 in 1996 and 1997		40		
YEAR	Year. Indicates the calendar year (yy) of discharge.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
ZIP	Patient Zip Code. Preserved as provided by the Data Organization.	x		x	x	x			x	x	x			x	x	
ZIP_S	Synthetic Patient Zip Code. Encrypted version of the patient's zip code. Last two digits of the zip code are encrypted to ensure the confidentiality of the patient. The state of a patient's residence can still be identified using the first 3 unencrypted zip code digits. ZIP_S does not allow placement of a specific patient within a narrower, zip-code based geography.												x			

DESCRIPTION OF STATE AMBULATORY SURGERY DATABASES (SASD) AVAILABLE

Overview

The Healthcare Cost and Utilization Project (HCUP) State Ambulatory Surgery Databases (SASD) consist of individual data files from Data Organizations in 9 participating States. In general, the SASD contain that state's ambulatory surgery discharge records. All of the databases include abstracts from hospital affiliated ambulatory surgery sites. Some contain the universe of ambulatory surgery encounter abstracts for that state, including records from both hospital affiliated and freestanding surgery centers.

Composition and completeness of data files may vary from state to state. The SASD are annual, state-specific files that share a common structure and common data elements. Most data elements are coded in a uniform format across all states. In addition to the core set of uniform data elements, the SASD include state-specific data elements or data elements available only for a limited number of states. The uniform format of the SASD helps facilitate cross-state comparisons. In addition, the SASD are well suited for research that requires complete enumeration of hospitals and discharges within market areas or states.

How the HCUP SASD Differ from Data Files Available from the State Data Organizations

The SASD available through the HCUP Central Distributor differs from the data files available from the Data Organizations in the following ways:

- data elements available on the files, and
- coding of data elements.

Because the Data Organizations dictate which data elements may be released through the HCUP Central Distributor, the data elements on the SASD are a subset of the data collected by the corresponding Data Organizations. HCUP uniform coding is used on most data elements on the SASD. A few state-specific data elements retain the original values provided by the respective Data Organizations.

Types of Ambulatory Surgery Centers Included

The types of facilities, hospital-based and/or freestanding ambulatory surgery centers, included in the SASD depend on the information provided by the Data Organizations. What facilities are included in each state's SASD files are specified in SASD file overviews (page 23) and SASD Facility Types and Record Counts (page 25).

Identifying Hospital-based Ambulatory Surgery Centers

If the state-specific SASD files contain information from hospital-based ambulatory surgery centers, then up to three hospital identifiers will distinguish facilities.

- The HCUP-specific hospital identifier (HOSPID) is included on the SASD and is available for community hospitals as defined by the American Hospital Association (AHA) Annual Survey of Hospitals. The AHA Annual Survey definition of a community hospital includes nonfederal short-term hospitals whose facilities are available to the public. Short-term hospitals are defined as hospitals with an average length of stay less than 30 days. Both general and specialty hospitals (e.g., obstetrics and

gynecology, rehabilitation, orthopedics, and eye, ear, nose and throat) are included. HOSPID is available for non-community hospitals if information on the hospital is available through the AHA.

- Some Data Organizations allow the AHA hospital identifier (AHAID) to be included on the SASD. This variable enables the SASD to be linked to the AHA Annual Surveys of Hospitals which contain information on hospital characteristics. Similar to the HCUP-specific hospital identifier, the AHA hospital identifier is coded on community hospitals and sometimes coded on non-community hospitals.
- Some Data Organizations allow the original hospital identifier they collect (DSHOSPID) to be included on the SASD. If available on the SASD, this identifier is coded for all hospitals.

Not all Data Organizations permit all three hospital identifiers on the SASD.

Identifying Freestanding Ambulatory Surgery Centers

If the state-specific SASD files contain information from freestanding ambulatory surgery centers, then only one hospital identifier will distinguish facilities.

- Some Data Organizations allow the original facility identifier they collect (DSHOSPID) to be included on the SASD. If available on the SASD, this identifier is coded for all facilities.
- If the original hospital identifier (DSHOSPID) is not released, then the HCUP hospital identifier (HOSPID) will contain a unique number for each facility.

The availability of data elements differs by Data Organization. The following descriptions of the HCUP SASD are provided:

- SASD File Overviews (page 23)
- SASD Facility Types and Record Counts by state (page 25)
- Descriptions of the HCUP SASD data elements (page 25)
- Availability of HCUP SASD data elements by state (page 26)

SASD File Overviews

The following section lists all states releasing their SASD through the HCUP Central Distributor and provides details about sources of the data provided for HCUP. Data elements that are mentioned may not be available through the HCUP Central Distributor. The Data Organizations for each respective state dictate which data elements may be released through the HCUP Central Distributor.

Colorado

The Colorado SASD files were constructed from files supplied by Colorado Health & Hospital Association Discharge Data Program (DDP). These files consist of discharge records from ambulatory surgery centers that are associated with acute care hospitals. Data from freestanding ambulatory surgery centers are not included.

Florida

The Florida SASD were constructed from the confidential Ambulatory Outpatient files received from the Florida Agency for Health Care Administration (AHCA). The AHCA collects ambulatory patient data from short-term acute care hospitals, freestanding ambulatory surgery centers, radiation therapy centers, lithotripsy centers, cardiac catheterization laboratories and providers of radiation therapy. Any Florida ambulatory surgery center that has a total of 200 or more visits per quarter is required to report data to AHCA. Facilities with fewer than 200 patient visits in a quarter must certify that fact in writing each quarter to be exempt. The Florida SASD files contain both hospital-based and freestanding ambulatory surgery centers.

Maryland

The Maryland SASD files were constructed from demographic and utilization data and Uniform Bill (UB) charge data from the Maryland Health Services Cost Review Commission (HSCRC) Ambulatory Surgery Confidential Data Set. The HSCRC supplied data for ambulatory surgery visits from ambulatory surgery centers that are associated with acute care hospitals. Data from freestanding ambulatory surgery centers are not included.

New Jersey

The New Jersey SASD files were constructed from confidential data received from the Health Care Planning, Financing, and Information Services of the New Jersey Department of Health and Senior Services. The files consist of ambulatory surgery centers that are associated with acute care hospitals. Data from freestanding ambulatory surgery centers are not included.

New York

The New York SASD files were constructed from the New York State Department of Health's Statewide Planning and Research Cooperative System (SPARCS) outpatient data file. New York supplied data for freestanding ambulatory surgery centers and for same-day surgical stays at all New York hospitals, excluding long-term care units of short-term hospitals and Federal hospitals. The New York SASD files contain data for both hospital-based and freestanding ambulatory surgery centers.

Utah

The Utah SASD files were constructed from confidential files received from the Office of Health Care Statistics, Utah Department of Health. Utah supplied data on selected ambulatory surgeries occurring in hospital outpatient departments, hospital-affiliated ambulatory surgery centers, and freestanding ambulatory surgery centers. The Utah SASD files contain both hospital-based and freestanding ambulatory surgery centers.

SASD Facility Types and Record Counts

The following table lists the types of ambulatory surgery centers and the number of discharges in the HCUP SASD for 1997.

State	Number of 1997 Discharges	Hospital-Based Ambulatory Surgery Centers	Freestanding Ambulatory Surgery Centers	Other
Colorado	279,080	Yes	No	No
Florida	2,327,593	Yes	Yes	Radiation therapy centers, lithotripsy centers, cardiac catheterization laboratories and providers of radiation therapy
Maryland	347,974	Yes	No	No
New Jersey	356,353	Yes	No	No
New York	1,107,192	Yes	Yes	No
Utah	149,053	Yes	Yes	No

SASD Data Element Descriptions and Availability by State

The following table (page 26) describes the HCUP SASD data elements. Not all HCUP SASD data elements are available from all Data Organizations. The availability columns refer to the states using the state postal code (e.g., CO for Colorado, etc.). Cells marked with an "x" indicate that the data element is available for that state. Blank cells indicate that the data element is not available for that state. More detailed descriptions and coding information of the HCUP SASD data elements accompany the purchase of the data files.

In some cases, multiple data elements of the same type are available (e.g., principal and secondary diagnoses). The small "n" in the data element name (e.g., DXn) indicates that there is more than one data element of that type. The number of data elements available is specified in the state-specific cell. For example, the cell for diagnoses (i.e., DXn) identifies the number of available diagnoses. CO has 15 diagnoses: 1 principal diagnosis and 14 secondary diagnoses. Not all diagnoses are coded on all records.

SASD Data Elements							
Data Element Name	Description	Availability by State					
		CO	FL	MD	NJ	NY	UT
ADATE	Admission Date. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization.	x					x
ADAYWK	Admission Day of Week. <div><div>Value</div><div>Description</div><div>1</div><div>Sunday</div><div>2</div><div>Monday</div><div>3</div><div>Tuesday</div><div>4</div><div>Wednesday</div><div>5</div><div>Thursday</div><div>6</div><div>Friday</div><div>7</div><div>Saturday</div></div>	x		x	x	x	x
AGE	Age in Years at Admission. Calculated as the difference between the admission date and date of birth before these dates are masked.	x	x	x	x	x	x
AHAID	AHA Hospital Identification Number. This 7-digit number is assigned by the American Hospital Association (AHA) and included on their AHA Annual Survey of Hospitals. AHAID is coded on all community and some non-community hospitals. For the definition of a community hospital, refer to page 22.	x	x	x	x	x	x
AMONTH	Admission Month. Values ranges from 1 to 12.	x			x		x

SASD Data Elements							
Data Element Name	Description	Availability by State					
		CO	FL	MD	NJ	NY	UT
ANESTH	The method of anesthesia. <div><div>Value</div><div>Description</div><div>0</div><div>No Anesthesia</div><div>10</div><div>Local Anesthesia</div><div>20</div><div>General Anesthesia</div><div>30</div><div>Regional Anesthesia</div><div>40</div><div>Other</div></div>					x	
CHGn	Charge Detail. The number and definitions of the detailed charges are determined by the Data Organization.	5	11	8	35		
CPTn	CPT-4/HCPCS procedures. The number of procedure codes vary by Data Organization.	15	15	8			6
DCCHPRn	The Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR), was developed by AHRQ for ICD-9-CM diagnoses. A classification code (DCCHPRn) is assigned during HCUP processing for each diagnosis (DXn). Values range from 1-260.	15	5	9	10	6	9
DDATE	Discharge Date. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization.	x				x	x
DIED	Died During Hospitalization. This data element was created during HCUP processing using the disposition of the patient at discharge (DISP). <div><div>Value</div><div>Description</div><div>0</div><div>Did not die</div><div>1</div><div>Died</div></div>	x		x	x	x	x

SASD Data Elements							
Data Element Name	Description	Availability by State					
		CO	FL	MD	NJ	NY	UT
DISP	Disposition of Patient at Discharge. <u>Value</u> <u>Description</u> 1 Routine 2 Short-term Hospital 3 Skilled Nursing Facility 4 Intermediate Care Facility 5 Another Type of Facility 6 Home Health Care 7 Against Medical Advice 20 Died	x		x	x	x	x
DOB	Date of Birth. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization.					x	x
DQTR	Discharge Quarter. Derived from discharge date (DDATE). <u>Value</u> <u>Description</u> 1 First Quarter (Jan. - Mar.) 2 Second Quarter (Apr. - June) 3 Third Quarter (July - Sep.) 4 Fourth Quarter (Oct. - Dec.) 0 Missing or Invalid	x	x	x	x	x	x
DSHOSPID	Hospital Identifier Provided by the Data Organization.	x	x	x	x	x	x
DSNCPT	Number of CPT-4/HCPCS procedure fields in this data source.	x	x	x			x

SASD Data Elements							
Data Element Name	Description	Availability by State					
		CO	FL	MD	NJ	NY	UT
DSNDX	Total Number of Diagnosis Fields Provided by the Data Organization. For example, DSNDX may equal 10 because the Data Organization provides for a principal and 9 secondary diagnoses. However, the number of diagnoses coded on the discharge will vary from 0 to 10.	x	x	x	x	x	x
DSNPR	Total Number of Procedure Fields provided by the Data Organization. For example, DSNPR may equal 10 because the Data Organization provides for a principal and 9 secondary procedures. However, the number of procedures coded on the discharge will vary from 0 to 10.	x		x	x	x	x
DSNUM	Data Source Number. This is an HCUP-assigned data source identification number.	x		x	x	x	x
DSTYPE	Data Source Type. <div> <div>Value</div> <div>Description</div> <div>1</div> <div>State Data Organization</div> <div>2</div> <div>Hospital Association</div> <div>3</div> <div>Consortia</div> <div>9</div> <div>Other</div> </div>	x	x	x	x	x	x
DXn	Diagnoses Codes. DX1 is the principal diagnosis. DX2, DX3, etc. contain the secondary diagnoses. The number of diagnoses vary by Data Organization.	15	5	9	10	6	9
DXSYS	Diagnosis Coding System. All diagnoses are ICD-9-CM codes.	x	x	x	x	x	x

SASD Data Elements							
Data Element Name	Description	Availability by State					
		CO	FL	MD	NJ	NY	UT
DXVn	<p>Diagnosis Validity Flags. Validity flags identify invalid or inconsistent diagnosis in the data elements DXn. There is one validity flag for each diagnosis. DXV1 refers to the principal diagnosis (DX1), DXV2 refers to the first secondary diagnosis (DX2), etc.</p> <p><u>Value</u> <u>Description</u></p> <p>0 Valid and consistent diagnosis code</p> <p>1 Invalid code for discharge date</p> <p>.C Diagnosis inconsistent with age or sex of patient</p>	15	5	9	10	6	9
HOSPID	HCUP-defined Hospital Number. HOSPID is coded on all community and some non-community hospitals. For the definition of a community hospital, refer to page 22.	x	x	x	x	x	x
HOSPST	Hospital State Postal Code. Two-digit character (e.g., "CA")	x	x	x	x	x	x
HOSPSTCO	Hospital State and County Code. Five-digit state and county modified FIPS code listed for that hospital in the American Hospital Association Annual Survey of Hospitals. HOSPSTCO is coded on all community and some non-community hospitals. For the definition of a community hospital, refer to page 22.	x	x	x	x	x	x
IDNUMBER	HCUP-modified AHA Hospital Identification Number. This 6-digit number is identical to the AHA hospital identification number (AHAID) except that the leading "6" has been removed. The AHA hospital identifier is assigned by the AHA and included on their AHA Annual Survey of Hospitals. AHAID is coded on all community and some non-community hospitals. For the definition of a community hospital, refer to page 22.	x	x	x	x	x	x
LOS	Cleaned Length of Stay. Calculated as the difference between the admission and discharge dates before these dates are masked. Same day stays are coded as 0. Inconsistent values (negative or unjustifiably long) have been set to inconsistent (.C) by edit checks during HCUP processing.	x		x	x		x

SASD Data Elements							
Data Element Name	Description	Availability by State					
		CO	FL	MD	NJ	NY	UT
LOS_X	Uncleaned Length of Stay. Calculated as the difference between the admission and discharge dates before these dates are masked. Same day stays are coded as 0. No modifications to the value of LOS_X have been made.	x		x	x		x
MDID_S	Synthetic Attending Physician Number. Version of the identification number that is encrypted during HCUP processing.	x	x		x		
MRN_S	Synthetic Medical Record Number. Version of the identification number that is encrypted during HCUP processing.	x		x	x		
NCPT	Number of Non-missing CPT-4/HCPCS Procedures Coded on this Discharge.	x	x	x			x
NDX	Number of Non-missing Diagnoses Coded on this Discharge.	x	x	x	x	x	x
NEOMAT	Neonatal/Maternal Flag. Assigned based on diagnosis and procedure codes during HCUP processing. <u>Value</u> <u>Description</u> 0 No neonatal or maternal diagnoses or procedures 1 Maternal diagnosis or procedure present on discharge 2 Neonatal diagnosis or procedure present on discharge 3 Both neonatal and maternal diagnoses or procedures present on the same discharge	x	x	x	x	x	x
NPR	Number of Non-missing Procedures Coded on this Discharge.	x		x	x	x	x
ORTIME	Operating Room Time. Reported in minutes.					x	

SASD Data Elements							
Data Element Name	Description	Availability by State					
		CO	FL	MD	NJ	NY	UT
PAY1	Expected Primary Payer, Uniform. State-specific coding of payers collapsed into general payer types. <u>Value</u> <u>Description</u> 1 Medicare 2 Medicaid 3 Private Insurance including HMO 4 Self-pay 5 No charge 6 Other	x	x	x	x	x	x
PAY1_N	Expected Primary Payer, Nonuniform. State-specific coding of payers collapsed into more detailed payer types. <u>Value</u> <u>Description</u> 1 Medicare 2 Medicaid 3 Blue Cross, Blue Cross PPO 4 Commercial, PPO 5 Alternative Delivery Systems (HMO, PHP, etc.) 6 Self-pay 7 No charge 8 Title V 9 Worker's Compensation 10 CHAMPUS or CHAMPVA 11 Other Government 12 Other	x	x	x	x	x	x
PAY1_X	Expected Primary Payer. Preserved as provided by the Data Organization.	x	x	x	x	x	x

SASD Data Elements							
Data Element Name	Description	Availability by State					
		CO	FL	MD	NJ	NY	UT
PAYER1_X	Expected Primary Payer (plan specific). Preserved as provided by the Data Organization.			x			
PAY2	Expected Secondary Payer, Uniform. State-specific coding of payers collapsed into general payer types. <div> <div>Value</div> <div>Description</div> </div> <div> <div>1</div> <div>Medicare</div> </div> <div> <div>2</div> <div>Medicaid</div> </div> <div> <div>3</div> <div>Private Insurance including HMO</div> </div> <div> <div>4</div> <div>Self-pay</div> </div> <div> <div>5</div> <div>No charge</div> </div> <div> <div>6</div> <div>Other</div> </div>			x	x		x

SASD Data Elements							
Data Element Name	Description	Availability by State					
		CO	FL	MD	NJ	NY	UT
PAY2_N	Expected Secondary Payer, Nonuniform. State-specific coding of payers collapsed into more detailed payer types. <div> <u>Value</u> <u>Description</u> 1 Medicare 2 Medicaid 3 Blue Cross, Blue Cross PPO 4 Commercial, PPO 5 Alternative Delivery Systems (HMO, PHP, etc.) 6 Self-pay 7 No charge 8 Title V 9 Worker's Compensation 10 CHAMPUS or CHAMPVA 11 Other Government 12 Other </div>			x	x		x
PAY2_X	Expected Secondary Payer. Preserved as provided by the Data Organization.			x	x		x
PAYER2_X	Expected Secondary Payer ID (plan specific). Preserved as provided by the Data Organization.			x			
PCCHPRn	The Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR) was developed by AHRQ for ICD-9-CM procedures. A classification code (PCCHPRn) is assigned during HCUP processing for each procedure (PRn). Values range from 1 to 231.	15		8	8	6	6
PNUM_S	Synthetic Person Number. Version of the identification number that is encrypted during HCUP processing. PNUM_S is specific to a patient so that multiple admissions by the same patient can be linked within and across institutions.						

SASD Data Elements							
Data Element Name	Description	Availability by State					
		CO	FL	MD	NJ	NY	UT
PRn	Procedure Codes. PR1 is the principal procedure. PR2, PR3, etc. contain the secondary procedures. The number of procedures vary by Data Organization.	15		8	8	6	6
PRDATEn	Date of Principal Procedure. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization.	1					1
PRDAYn	Day of Principal Procedure. Calculated as the difference between the admission date and date of procedure before these dates are masked. A value of 0 reflects the day of admission. A negative numeric value reflects days prior to admission.	1			8		1
PROCESS	Processing Number. Unique record identifier coded as YYSSnnnnnnnn, where YY is the discharge year, SS is the state FIPS code, and nnnnnnn is a 7-digit sequence number.	x		x	x	x	x
PROFEE	Indicator of Professional Fees in Total Charges. In almost all state databases, professional fees are excluded from total charges. <div> <u>Value</u> <u>Description</u> 1 Yes 2 No </div>		x				
PRSYS	Procedure Coding System. <div> <u>Value</u> <u>Description</u> 1 ICD-9-CM 2 CPT-4 3 HCPCS/CPT-4 </div> Almost all discharges have ICD-9-CM procedure codes (PRSYS=1).	x	x	x	x	x	x

SASD Data Elements							
Data Element Name	Description	Availability by State					
		CO	FL	MD	NJ	NY	UT
PRVn	<p>Procedure Validity Flags. Validity flags identify invalid or inconsistent procedures in the data elements PRn. There is one validity flag for each procedure. PRV1 refers to the principal procedure (PR1), PRV2 refers to the first secondary procedure (PR2), etc.</p> <p><u>Value</u> <u>Description</u></p> <p>0 Valid and consistent procedure code</p> <p>1 Invalid code for discharge date</p> <p>.C Procedure inconsistent with age or sex of patient</p>	15		8	8	6	6
PSTCO	Patient State/Country Code. Preserved as provided by the Data Organization. Not derived from zip codes.	x		x	x	x	
RACE	<p>Race. Indicates race and ethnicity in one data element.</p> <p><u>Value</u> <u>Description</u></p> <p>1 White</p> <p>2 Black</p> <p>3 Hispanic</p> <p>4 Asian or Pacific Islander</p> <p>5 Native American</p> <p>6 Other</p>	x	x	x	x		
SEQ_ASD	SASD Sequence Number. A unique number assigned to each discharge.	x	x	x	x	x	x
SEX	<p>Sex of the Patient.</p> <p><u>Value</u> <u>Description</u></p> <p>1 Male</p> <p>2 Female</p>	x	x	x	x	x	x

SASD Data Elements							
Data Element Name	Description	Availability by State					
		CO	FL	MD	NJ	NY	UT
SURGID_S	Synthetic Primary Surgeon Number. Version of the identification number that is encrypted during HCUP processing.	x	x	x	x	x	
TOTCHG	Cleaned Total Charges. Inconsistent values (negative or unjustifiably high or low) have been set to inconsistent (.C) by edit checks during HCUP processing.	x	x	x	x		x
TOTCHG_X	Uncleaned Total Charges. Preserved as provided by the Data Organization.	x	x	x	x		x
UNITn	Units of Service. The number and definition of the unit data elements are determined by the Data Organization.				35		
YEAR	Year. Indicates the calendar year (yy) of discharge.	x	x	x	x	x	x
ZIP	Patient Zip Code. Preserved as provided by the Data Organization.	x	x		x	x	
ZIP_S	Synthetic Patient Zip Code. Encrypted version of the patient's zip code. Last two digits of the zip code are encrypted to ensure the confidentiality of the patient. The state of a patient's residence can still be identified using the first 3 unencrypted zip code digits. ZIP_S does not allow placement of a specific patient within a narrower, zip-code based geography.						x



CENTRAL DISTRIBUTOR

HEALTHCARE COST AND UTILIZATION PROJECT

UNIFORM STATE APPLICATION

Data Organizations participating in the Healthcare Cost and Utilization Project (HCUP) have agreed to release their State Inpatient Databases (SID) and State Ambulatory Surgery Databases (SASD), created as part of the project, through a Central Distributor under the auspices of the Agency for Healthcare Research and Quality (AHRQ). This uniform application was designed by the participating Data Organizations to satisfy their requirements. As such, the information requested in this application is for the Data Organizations. The information is not for AHRQ nor the HCUP Central Distributor. AHRQ and the HCUP Central Distributor are facilitating access to the SID and SASD which are owned and regulated by the individual Data Organizations participating in HCUP. The Data Organizations dictate which data elements may be released through the HCUP Central Distributor. However, data elements in the SID and SASD are in a uniform HCUP format that is consistent across all states and years of SID data.

Directions to Complete the Uniform State Application:

1. Print or type all responses (electronic copy available on request).
2. Complete all applicable parts of this application.
 - Part I Organization and/or Individual Requesting Use of the HCUP Databases (page 39)
 - Part II Intended Use of Data and Project Activities (page 40)
 - Part III Selection of HCUP Databases (42)
3. Determine the Total Payment Due (Part IV, page 45)
4. Read and sign the Indemnification Clause (Part V, page 46).
5. Read and sign the Data Use Agreement for HCUP State Inpatient Databases (Part VI, 47), if purchasing SID files.
6. Read and sign the Data Use Agreement for HCUP State Ambulatory Surgery Databases (Part VII, 49), if purchasing SASD files.
7. Submit the completed application (pages 39-51):

*HCUP Central Distributor
The MEDSTAT Group
5425 Hollister Avenue, Suite 140
Santa Barbara, CA 93111*

Telephone: (805) 681-5876 FAX: (805) 681-5888 E-mail: hcupsid@medstat.com

Part I: Organization and/or Individual Requesting Use of the HCUP Databases

General Information:

Applicant Name: _____

Position/Title: _____

Organization (include Branch, Division, Department): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Internet Address: _____

Type of Organization:

Check the *one* box that best describes your organization.

- ☐ University/college/teaching institution
- ☐ Government agency
- ☐ Managed care, insurer
- ☐ Health care provider
- ☐ Pharmaceutical, biotechnology, medical product firm
- ☐ Trade association, lobbying group, consortium
- ☐ Research organization, consultant
- ☐ Other (describe in space provided)

Check the *one* box that best characterizes the type of ownership of your organization.

- ☐ Not-for-profit
- ☐ For-profit

Part II: Intended Use of Data and Project Activities
Intended Use of Data:

Describe the intended use of the data requested. Attach additional pages if necessary. Include:

- Brief description of project(s) and intended use of the data (e.g., clinical research, health services research, analyses to address public policy issues, analyses to address private policy issues, creating products or tools such as quality measurements, severity adjustment software, etc.)
- Brief description of the subject area(s) which you plan to investigate (e.g., health outcomes, quality, cost, utilization, access, markets, etc.)
- Brief description of the potential uses of the final products that you may create using the data (e.g., papers, reports, tools, analyses for public domain and/or internal use, etc.)

Please refer to Part VI “Data Use Agreement for HCUP State Inpatient Databases” (page 47) for a complete description of the acceptable uses of the HCUP SID and refer to Part VII “Data Use Agreement for HCUP State Ambulatory Surgery Databases” (page 49) for a complete description of the acceptable uses of the HCUP SASD. In general, the HCUP SID and SASD are available for the purpose of research and aggregate statistical reporting. Attempts to identify individuals are strictly prohibited. Information that could identify individuals or establishments directly or by inference may not be released in disseminated materials. The data may not be re-released in any form without prior approval of the participating Data Organization(s).

HCUP Request:

Check *all* boxes that describe the reasons for requesting the HCUP databases.

- ☐ Research requires specific state(s).
- ☐ Research requires variables only available in the selected states (e.g., encrypted patient zip codes, encrypted physician identifiers). Indicate variables below.

- ☐ Other (describe in space provided)

Part III: Selection of HCUP Databases
Section I. Select State Inpatient Databases (SID)

Mark boxes for the data you are requesting. Please refer to "Description of State Inpatient Databases Available" (page 2) to make your selection. Not all HCUP data elements are available from every state.

The participating Data Organizations dictate the price of the data. Handling charges are already included and are based on the number of CD-ROMs required to hold the data. Some Data Organizations offer a price discount to AHRQ Grant recipients. If you are not sure if you qualify for this discount, please refer to Section III. AHRQ Grantee (page 44). Enter the total cost of requested data under the column titled "Total."

If you have questions or want information on more recent years of data or more sensitive data elements for a state, please contact the HCUP Central Distributor by phone at (805) 681-5876, fax at (805) 681-5888, or e-mail at hcupsid@medstat.com.

		HCUP SID			
State	Price Structure	1995	1996	1997	Total
Arizona	All Applicants	<input type="checkbox"/> \$ 20	<input type="checkbox"/> \$ 20	<input type="checkbox"/> \$ 20	
California	All Applicants	<input type="checkbox"/> \$ 470	<input type="checkbox"/> \$ 470	<input type="checkbox"/> \$ 470	
Colorado	All Others	<input type="checkbox"/> \$ 520	<input type="checkbox"/> \$ 520	<input type="checkbox"/> \$ 520	
	AHRQ Grantee (Complete Section III, page 44)	<input type="checkbox"/> \$ 320	<input type="checkbox"/> \$ 320	<input type="checkbox"/> \$ 320	
Florida	All Applicants	<input type="checkbox"/> \$ 525	<input type="checkbox"/> \$ 525	<input type="checkbox"/> \$ 525	
Iowa	All Applicants	<input type="checkbox"/> \$ 420	<input type="checkbox"/> \$ 420	<input type="checkbox"/> \$ 420	
Maryland	All Applicants	<input type="checkbox"/> \$ 20	<input type="checkbox"/> \$ 20	<input type="checkbox"/> \$ 20	
Massachusetts	All Applicants	<input type="checkbox"/> \$ 830	<input type="checkbox"/> \$ 830	<input type="checkbox"/> \$ 830	
New Jersey	All Applicants	<input type="checkbox"/> \$1,230	<input type="checkbox"/> \$1,225	<input type="checkbox"/> \$1,225	
New York	All Others	<input type="checkbox"/> \$ 695	<input type="checkbox"/> \$ 695	<input type="checkbox"/> \$ 690	
	AHRQ Grantee (Complete Section III, page 44)	<input type="checkbox"/> \$ 370	<input type="checkbox"/> \$ 370	<input type="checkbox"/> \$ 365	
Oregon	Not-for-profit Affiliation	<input type="checkbox"/> \$ 20	<input type="checkbox"/> \$ 420	<input type="checkbox"/> \$ 420	
	For-profit Affiliation	<input type="checkbox"/> \$ 20	<input type="checkbox"/> \$ 420	<input type="checkbox"/> \$ 620	
Utah	Public, State/Federal Agency, Academic Organization	N/A	N/A	<input type="checkbox"/> \$1,520	
	Private Organization	N/A	N/A	<input type="checkbox"/> \$3,020	
South Carolina	All Applicants	<input type="checkbox"/> \$ 470	<input type="checkbox"/> \$ 470	<input type="checkbox"/> \$ 470	
Washington	All Applicants	<input type="checkbox"/> \$ 720	<input type="checkbox"/> \$ 720	<input type="checkbox"/> \$ 720	
Wisconsin	All Applicants	<input type="checkbox"/> \$ 420	<input type="checkbox"/> \$ 420	<input type="checkbox"/> \$ 420	
TOTAL DATA COST. Add total cost for all data requested. See Part IV (page 45) for instructions on determining the total payment due.					

Section II. Select State Ambulatory Surgery Databases (SASD)

Mark boxes for the data you are requesting. Please refer to "Description of State Ambulatory Surgery Databases Available" (page 22) to make your selection. Not all HCUP data elements are available from every state.

The participating Data Organizations dictate the price of the data. Handling charges are already included and are based on the number of CD-ROMs required to hold the data. Some Data Organizations offer a price discount to AHRQ Grant recipients. If you are not sure if you qualify for this discount, please refer to Section III. AHRQ Grantee (page 44). Enter the total cost of requested data under the column titled "Total."

If you have questions or want information on more recent years of data or more sensitive data elements for a state, please contact the HCUP Central Distributor by phone at (805) 681-5876, fax at (805) 681-5888, or e-mail at hcupsid@medstat.com.

	HCUP SASD		
State	Price Structure	1997	Total
Colorado	All Others	<input type="checkbox"/> \$ 420	
	AHRQ Grantee (Complete Section III, page 44)	<input type="checkbox"/> \$ 295	
Florida	All Applicants	<input type="checkbox"/> \$ 550	
Maryland	All Applicants	<input type="checkbox"/> \$ 20	
New Jersey	All Applicants	<input type="checkbox"/> \$ 420	
New York	All Others	<input type="checkbox"/> \$ 470	
	AHRQ Grantee (Complete Section III, page 44)	<input type="checkbox"/> \$ 245	
Utah	Public, State/Federal Agency, Academic Organization	<input type="checkbox"/> \$ 1,520	
	Private Organization	<input type="checkbox"/> \$ 3,020	
TOTAL DATA COST. Add total cost for all data requested. See Part IV (page 45) for instructions on determining the total payment due.			

Section III. AHRQ Grantee

Some states offer a discounted price for AHRQ Grant Recipients. If you are an AHRQ Grantee and intend to use the data requested for a currently funded AHRQ project, you are entitled to the discounted price and should mark your data request accordingly. Include the name of the principal investigator, title, and the corresponding grant number in the space provided below. Other types of grants are non-applicable. The Uniform State Application in no way constitutes a grant application.

The Research Grant Application Form PHS 398 is to be used in applying for AHRQ grants. This form is available online from the National Institutes of Health Web site at the following URL:

<http://www.nih.gov/grants/funding/phs398/phs398.html>

Copies of the PHS 398 Grant Application Form are also available from:

AHRQ Publications Clearinghouse
P.O. Box 8547
Silver Spring, MD 20907-8547
Telephone: (800) 358-9295

If you are requesting data at the AHRQ Grantee discounted price, please provide the following information:

Name of Principal Investigator / Title: _____

AHRQ Grant Number: _____

Part IV: Determine the Total Payment Due

(1) To determine the total payment due, choose one option.

Option 1: Submit the completed application (pages 39-51), without payment, to the *HCUP Central Distributor* by fax or mail. The fax number and address are listed on page 38.

An itemized invoice will be faxed or e-mailed to you stating the total payment due, including taxes. Applicable local and state tax structures vary by location.

Option 2: Contact the *HCUP Central Distributor* by phone at (805) 681-5876 and specify which states and years of data you are requesting. You will be notified of the total payment due, including taxes. Applicable local and state tax structures vary by location.

(2) Submit the full payment by check. Please make the check payable to *The MEDSTAT Group*.

Under Option 1: Mail the itemized invoice with a check for the total payment due to the *HCUP Central Distributor*. The address is listed on page 38.

Under Option 2: Mail the completed application (pages 39-51) and a check for the total payment due to the *HCUP Central Distributor*. The address is listed on page 38.

Orders will not be filled until full payment has been received.

TOTAL PAYMENT DUE	
Total SID Data Cost From Section I:	\$ _____
Total SASD Data Cost From Section II:	\$ _____
Tax:	\$ _____
Total Payment Due:	\$ _____

Part V: Indemnification Clause

Recipient shall indemnify and hold The MEDSTAT Group, Inc. and its directors, officers, employees, agents, affiliates and subsidiaries harmless from any and all losses, claims, damages, liabilities, costs and expenses (including, without limitation, reasonable attorney's fees and costs) arising out of any claim arising from any third parties, including but not limited to any or some combination of the several States comprising the United States of America and/or the Government of the United States of America, concerning Recipient's use of SID or SASD data provided by The MEDSTAT Group, Inc. Further, Recipient agrees that The MEDSTAT Group, Inc. shall not be liable to Recipient for any reason whatsoever arising out of the SID or SASD data or the Recipient's use of the SID or SASD data.

Recipient certifies and warrants that it has made no representations to The MEDSTAT Group, Inc. concerning any uses it (Recipient) intends to make of the SID or SASD data provided by The MEDSTAT Group, Inc. under the terms and conditions of The MEDSTAT Group, Inc. contract with the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. Further, Recipient agrees that no representation of Recipient as to the Recipient's intended use of the SID or SASD data was used to determine whether the Recipient's request to use SID or SASD data would be approved.

Signature: _____ Date: _____

Part VI: Data Use Agreement for HCUP State Inpatient Databases

Under section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)), data that identifies individuals or establishments collected by the Agency for Healthcare Research and Quality (AHRQ) may be used only for the purpose for which they were collected. Data supplied to AHRQ under the auspices of HCUP were provided by the data sources only for research, analysis, and aggregate statistical reporting.

No identification of persons--Any effort to determine the identity of any person contained in the databases (including but not limited to patients, physicians, and other health care providers) or to use the information for any purpose other than for research, analysis, and aggregate statistical reporting would violate the conditions of this data use agreement and therefore the above-referenced AHRQ confidentiality statute. Furthermore, under the statute, no identifying information may be published or released in any way without the consent of the person who supplied the information or who can be identified by the information. AHRQ omits from the data set all direct personal identifiers, as well as characteristics that might lead to identification of persons. It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the data sets the identity of particular persons. Considerable harm could ensue if this were done. By virtue of this agreement, the undersigned agrees that such attempts will be prohibited and that information which could identify individuals directly or by inference will not be released or published. Because of these restrictions, users of the data must agree that they will not attempt to contact individuals for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

Establishment identifiers--Section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)) also restricts the use of any information that allows the identification of establishments to the purpose for which the information was collected. Permission was obtained from data sources (state data organizations, hospital associations, and data consortia) to use the identification of hospitals (when such identification appears in the data sets) for the purpose of conducting research only. Such research purpose includes linking institutional information from outside data sets for analysis and aggregate statistical reporting. Such purpose does *not* include the use of information in the data sets concerning individual establishments for commercial or competitive purposes involving those individual establishments, or to determine the rights, benefits, or privileges of establishments. Users of the data must not identify establishments directly or by inference in disseminated material. In addition, users of the data must not contact establishments for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

The undersigned gives the following assurances with respect to the AHRQ data sets.

- I will not use nor permit others to use the data in these sets in any way except for research, analysis, and aggregate statistical reporting;
- I will require others in the organization (specified below) who use the data to sign this agreement (specifically acknowledging their agreement to abide by its terms) and will keep those signed agreements and make them available to AHRQ upon request;
- I will ensure that the data are kept in a secured environment and that only authorized users have access to the data;
- I will not release nor permit others to release any information that identifies persons, directly or indirectly;
- I will not release nor permit others to release the data sets or any part of them to any person who is not a member of the organization (specified below), except with the approval of AHRQ;
- I will not attempt to link nor permit others to attempt to link the hospital stay records of persons in this data set with personally identifiable records from any other source;
- I will not attempt to use nor permit others to use the data sets to learn the identity of any person included in any set;

Data Use Agreement for HCUP State Inpatient Databases (continued)

- I will not use nor permit others to use the data concerning individual establishments (1) for commercial or competitive purposes involving those individual establishments, (2) to determine the rights, benefits, or privileges of individual establishments nor (3) to report, through any medium, data that could identify, directly or by inference, individual establishments;
- When the identities of establishments are not provided on the data sets, I will not attempt to use nor permit others to use the data sets to learn the identity of any establishment in the data sets;
- I will not contact nor permit others to contact establishments or persons in the data sets to question, verify, or discuss data in the HCUP databases;
- I will indemnify, defend, and hold harmless the data sources and AHRQ from any or all claims and losses accruing to any person, organization, or other legal entity as a result of violation of this agreement. This provision applies only to the extent permitted by federal law and regulation (i.e., to the extent permitted by 31 United States Code Section 1341 (Subtitle II, Chapter 13, Subchapter III, "Limitations on Expending and Obligating Amounts."));
- I will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn are those of data sources or AHRQ;
- I will provide an abstract and reference for any published research material resulting from the use of these HCUP State Inpatient Databases to the HCUP Central Distributor; and
- I will acknowledge in all reports based on these data that the source of the data is the specific state(s) or data organization(s) that submitted data to the HCUP (e.g., "Healthcare Cost and Utilization Project (HCUP), *state name(s)* State Inpatient Databases (SID), Agency for Healthcare Research and Quality").

I understand that these assurances are collected for the United States Agency for Healthcare Research and Quality to require compliance with its statutory confidentiality requirement. My signature indicates my agreement to comply with the above-stated requirements with the knowledge that any violation of this statute is subject to a civil penalty of up to \$10,000 under 42 U.S.C. 299c-3(d), and that deliberately making a false statement about this or any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to \$10,000 or up to five years in prison. Violators of this agreement may also be subject to penalties under state confidentiality statutes that apply to these data for particular states.

Signed: _____ Date: _____

Print or Type Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____ E-mail: _____

Note to Purchaser: Shipment of the data product will only be made to the person who signs this data use agreement.

Part VII: Data Use Agreement for HCUP State Ambulatory Surgery Databases

Under section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)), data that identifies individuals or establishments collected by the Agency for Healthcare Research and Quality (AHRQ) may be used only for the purpose for which they were collected. Data supplied to AHRQ under the auspices of HCUP were provided by the data sources only for research, analysis, and aggregate statistical reporting.

No identification of persons--Any effort to determine the identity of any person contained in the databases (including but not limited to patients, physicians, and other health care providers) or to use the information for any purpose other than for research, analysis, and aggregate statistical reporting would violate the conditions of this data use agreement and therefore the above-referenced AHRQ confidentiality statute. Furthermore, under the statute, no identifying information may be published or released in any way without the consent of the person who supplied the information or who can be identified by the information. AHRQ omits from the data set all direct personal identifiers, as well as characteristics that might lead to identification of persons. It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the data sets the identity of particular persons. Considerable harm could ensue if this were done. By virtue of this agreement, the undersigned agrees that such attempts will be prohibited and that information which could identify individuals directly or by inference will not be released or published. Because of these restrictions, users of the data must agree that they will not attempt to contact individuals for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

Establishment identifiers--Section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)) also restricts the use of any information that allows the identification of establishments to the purpose for which the information was collected. Permission was obtained from data sources (state data organizations, hospital associations, and data consortia) to use the identification of hospitals (when such identification appears in the data sets) for the purpose of conducting research only. Such research purpose includes linking institutional information from outside data sets for analysis and aggregate statistical reporting. Such purpose does *not* include the use of information in the data sets concerning individual establishments for commercial or competitive purposes involving those individual establishments, or to determine the rights, benefits, or privileges of establishments. Users of the data must not identify establishments directly or by inference in disseminated material. In addition, users of the data must not contact establishments for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

The undersigned gives the following assurances with respect to the AHRQ data sets.

- I will not use nor permit others to use the data in these sets in any way except for research, analysis, and aggregate statistical reporting;
- I will require others in the organization (specified below) who use the data to sign this agreement (specifically acknowledging their agreement to abide by its terms) and will keep those signed agreements and make them available to AHRQ upon request;
- I will ensure that the data are kept in a secured environment and that only authorized users have access to the data;
- I will not release nor permit others to release any information that identifies persons, directly or indirectly;
- I will not release nor permit others to release the data sets or any part of them to any person who is not a member of the organization (specified below), except with the approval of AHRQ;
- I will not attempt to link nor permit others to attempt to link the hospital stay records of persons in this data set with personally identifiable records from any other source;
- I will not attempt to use nor permit others to use the data sets to learn the identity of any person included in any set;

Data Use Agreement for HCUP State Ambulatory Surgery Databases (continued)

- I will not use nor permit others to use the data concerning individual establishments (1) for commercial or competitive purposes involving those individual establishments, (2) to determine the rights, benefits, or privileges of individual establishments nor (3) to report, through any medium, data that could identify, directly or by inference, individual establishments;
- When the identities of establishments are not provided on the data sets, I will not attempt to use nor permit others to use the data sets to learn the identity of any establishment in the data sets;
- I will not contact nor permit others to contact establishments or persons in the data sets to question, verify, or discuss data in the HCUP databases;
- I will indemnify, defend, and hold harmless the data sources and AHRQ from any or all claims and losses accruing to any person, organization, or other legal entity as a result of violation of this agreement. This provision applies only to the extent permitted by federal law and regulation (i.e., to the extent permitted by 31 United States Code Section 1341 (Subtitle II, Chapter 13, Subchapter III, "Limitations on Expending and Obligor Amounts."));
- I will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn are those of data sources or AHRQ;
- I will provide an abstract and reference for any published research material resulting from the use of these HCUP State Ambulatory Surgery Databases to the HCUP Central Distributor; and
- I will acknowledge in all reports based on these data that the source of the data is the specific state(s) or data organization(s) that submitted data to the HCUP (e.g., "Healthcare Cost and Utilization Project (HCUP), *state name(s)* State Ambulatory Surgery Databases (SASD), Agency for Healthcare Research and Quality").

I understand that these assurances are collected for the United States Agency for Healthcare Research and Quality to require compliance with its statutory confidentiality requirement. My signature indicates my agreement to comply with the above-stated requirements with the knowledge that any violation of this statute is subject to a civil penalty of up to \$10,000 under 42 U.S.C. 299c-3(d), and that deliberately making a false statement about this or any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to \$10,000 or up to five years in prison. Violators of this agreement may also be subject to penalties under state confidentiality statutes that apply to these data for particular states.

Signed: _____ Date: _____

Print or Type Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____ E-mail: _____

Note to Purchaser: Shipment of the data product will only be made to the person who signs this data use agreement.

Final Checklist:

- ✓ *Have you completed Part I through Part III of the application (pages 39-44)?*
- ✓ *Have you supplied the necessary information to get the discounted price from some states for AHRQ Grantees (page 44)?*
- ✓ *Have you exercised option 1 or 2 in terms of total payment (page 45)?*
- ✓ *Have you read and signed the Indemnification Clause (page 46)?*
- ✓ *If purchasing the SID, have you read and signed the "Data Use Agreement for HCUP State Inpatient Databases" (pages 47-48)?*
- ✓ *If purchasing the SASD, have you read and signed the "Data Use Agreement for HCUP State Ambulatory Surgery Databases" (pages 49-50)?*
- ✓ *Submit your application (pages 39-51) by fax or mail to the HCUP Central Distributor, The MEDSTAT Group. Contact information is listed on page 38.*

For Internal Use Only:

Date Received: _____	DUA Signed/Dated: _____	Order Number: _____
Application Complete: _____	Payment Received: _____	Date Shipped: _____